On the effective dates shown below, the following yearly increases will be split between wages, the Health and Welfare and/or the Pension Fund, and shall be determined by the Local Union:

Effective May 1, 1996 - 75¢ per hour. Effective May 1, 1997 - 75¢ per hour. Effective May 1, 1998 - 75¢ per hour. Effective May 1, 1999 - 75¢ per hour.

SECTION 2

Payments will be considered delinquent after the 15th of the following month.

JUDGE COAR
MAGISTRATE JUDGE MASON

SECTION 3

Whenever the Employer is delinquent in making payments to the Health and Welfare Fund and Pension Fund, then the Union may strike the Employer to force payment. This provision shall not be subject to and is specifically excluded from the grievance procedure (Article 15). Additionally, the Union may recover from the delinquent Employer all necessary costs and attorney fees required to collect such contributions.

SECTION 4

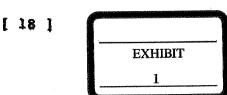
If an employee is absent because of non-occupational illness or injury, the Employer shall continue to make the required contributions for a period of four (4) weeks.

SECTION 5

If any regular employee is absent because of occupational illness or occupational injury, the required contributions shall be made until the employee returns to work, or for a period of twelve (12) months, whichever is the shorter.

SECTION 6

The obligation to make the above contributions shall continue during periods when the Collective Bargaining agreement is being negotiated.



SECTION 7

New employees shall be covered as determined by the Trust Agreement of the Health and Welfare Fund and Trustees of the Health and Welfare Fund.

SECTION 8

The Agreement and Declaration of Trust creating the Health and Welfare and Pension Fund, as amended, is made a part hereof as if incorporated herein and the parties to this Agreement further agree to be bound by the terms thereof and any amendments which may be made thereto, by the present Trustees of said Health and Welfare and Pension Funds and their successors chosen in accordance with the said Agreement and Declaration of Trust, as amended.

SECTION 9

Health and Welfare contributions shall also be made for the weeks of paid vacation. Contributions shall not exceed fifty-two (52) weeks in any calendar year.

SIGNED FOR THE COMPANIES:

COMPANY COCKTON	COMPANY
le pl	F. 649.4
BY	BY
COMPANY	COMPANY
ВУ	BY
COMPANY	COMPANY
BY	ВУ
Сомрану	COMPANY
вұ	ВУ
COMPANY	COMPANY
ВУ	ВУ

Chauffeurs, Teamsters and Helpers Local Union No. 301, I.B. of T. 36990 N. Greenbay Road, Waukegan, IL 60087
Phone: 847/623-5430

EMPLOYER MONTHLY REPORT HEALTH AND WELFARE FUND and PENSION FUND

CERTIFICATION

This employer, through its authorized representative for the purposes of submitting same and whose signature appears below, hereby certifies to the Trustees of the Health and Welfare Fund and Pension Fund, that each and every person whose name is set forth on the monthly report for whom contributions are being made is an employee/broker of the Employer and covered by a written collective bargaining agreement between the Employers and Teamsters Local No. 301, for the period of time for which the contributions are being made.

The employees/brokers listed on the monthly report are the only employees/brokers for whom the Employer is required to make contributions to the Fund(s).

The Contributing Employer certifies that payments are being made pursuant to the terms and conditions of the current applicable Teamsters Local 301 collective bargaining agreement and the Chauffeurs, Teamsters & Helpers Local Union No. 301 Health & Welfare Trust Fund and Pension Trust Fund, which the Contributing Employer adopts.

Employer	
ann M	
able (sign)	
Adthorized Signature	Date

This certification form is a continuation of the Employer Monthly Report and must be signed and returned each month with your remittance.



EXHIBIT

Chauffeurs, Teamsters and Helpers Local Union No. 301, I.B. of T. 36990 N. Greenbay Road, Waukegan, IL 60087 Phone: 847/623-5430

EMPLOYER MONTHLY REPORT HEALTH AND WELFARE FUND and PENSION FUND

MAKE SEPARATE CHECKS FOR EACH FUND

ADD NAMES OF NEW EMPLOYEES

NOVEMBER 2007

0158

DUFFY TRUCKING LLC 1419 RIVER TERRACE MC HENRY, IL. 60050-

FEB 0 8 2008

WORK CODES W N = NEW R = RETURN

D = DISABILITY M = MANAGEM'T C = CASUAL

T = TERMINATED P = PENSION/RETIRED S = SICK

L = LAYOFF Z = DEATH

O = OCCUP INJURY

F = FULL TIME

SEPARATE CERTIFICATION FORM MUST BE SIGNED AND RETURNED WITH THIS REPORT. _ ENTER _

TENOTE DAYS WORKED BY AN "X" IN PROPER BOX

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